REINSTATEMENT DIRECTIONS FOREIGN ENTITIES

As a result of Revocation of your entity's Certificate of Authority to transact business in Indiana, the following steps must be taken to reinstate your foreign entity prior to transacting any further business in the State of Indiana. Please direct any questions to our information line at (317) 232-6576 or visit our website at www.IN.gov/sos.

STEP 1 Obtain a Certificate of Clearance from the Indiana Department of Revenue by completing the Reinstatement Affidavit. This must be completed before anything may be submitted to the Secretary of State's office.

You may either MAIL or DROP OFF the Reinstatement Affidavit to the Department of Revenue.

Mailing Address

Indiana Department of Revenue 100 North Senate Avenue Room N-203 Indianapolis, Indiana 46204 (317) 232-2045

Drop off Address

Indiana Department of Revenue 100 North Senate Avenue Room N-105 Indianapolis, Indiana 46204

- The name of the foreign entity on the Application for Reinstatement, Reinstatement Affidavit, and the Certificate of Clearance must be **identical** to the name on the records of our office, as provided by the original Certificate of Authority.
- If the Reinstatement Affidavit is completed by someone other than a corporate officer, the corporation must also execute the Power of Attorney for it's representative and send it with the Reinstatement Affidavit to the Department of Revenue.

STEP 2 Wait for the Certificate of Clearance to be mailed to you by the Dept. of Revenue.

• Please allow at least four (4) weeks for processing.

STEP 3 Obtain an original Certificate of Existence from the Secretary of State of the state or country under whose law the entity the law is incorporated. Copies are NOT acceptable. The Certificate must be dated within the 60 days prior to submission of the filing to our office.

STEP 4 Complete the Application for Certificate of Authority.

STEP 5 Complete the Business Entity Report form and pay the filing fees for all the years owed. The filing fees are \$15.00 per year for all for-profit entities and \$10.00 per year for non-profit entities. **It is not necessary to complete separate forms for filing each year,** as long as the filing fee for each year owed is paid, and the **most current** corporate information is provided. To determine amount due, visit our website at www.IN.gov/sos or call (317)232-6576.

- All sections must be completed
- Signature of an officer is required

STEP 6 Mail or hand deliver ALL of the following items together:

- 1) Certificate of Clearance from Department of Revenue
- 2) Application for Certificate of Authority
- 3) Business Entity Report
- 4) A check or money order payable to the Secretary of State for the filing fees to the following address:

Secretary of State, Corporations Division 302 W. Washington Street, Room E-018 Indianapolis, Indiana 46204

- Filing Fees The filing fee consists of all fees owed for business entity reports plus the Certificate of Authority \$90.00.
 - Call the information line for help determining the correct fees (317) 232-6576.
 - Visit our website at www.IN.gov/sos for answers to you questions.
- Do not mail anything to the Secretary of State until you have obtained the Certificate of Clearance from the Department of Revenue.
- All four items listed in step 6 must be mailed TOGETHER.
- Make check or money order payable to the Secretary of State. Do not send cash.

Indiana Department of Revenue Affidavit for Reinstatement of Foreign Corporation

AD-19 (2	2)
----------	----

Commission Expiration Date

County / State of Residence

Rev. 3/00 SF 49707 (4-00) State of)SS County of _____ being duly sworn according to law, affirms that he/she is the (name) ____ of ____ a corporation organized (corporation name) (official capacity) under the laws of the State of _____ / , authorized to do business in the (incorporation date) State of Indiana, _____/___ with its principal office located at address _____ (date authorized) , city , state , zip , and identified by Federal ID # , and Indiana sales / withholding tax account number (TID #), and that he/she makes this affidavit for and on behalf of this corporation. He/She states that the books and records of this corporation are kept at , in care of That this corporation is engaged in the business of To the best of my belief and knowledge, all of the said corporation's Indiana taxable income received on and after May 1, 1933, has been included in Indiana income tax returns filed with the Indiana Department of Revenue and that all tax has been paid. The last Indiana income tax return was filed for year ending ____ . The latest sales and/or withholding tax return(s) were filed on for period ending ______, under _____ (month) (year) That this affidavit is made for the sole purpose of inducing the Indiana Department of Revenue to issue a notice, as provided under the applicable taxing acts, to the effect that such corporation has paid all taxes due which will permit the Indiana Secretary of State to reinstate the corporation to active status as authorized to do business in the State of Indiana. Signature Subscribed before me, a Notary Public in and for said county and state, this _____ day of ___

Mail to: Indiana Department of Revenue, Compliance Division, Room N203, 100 N. Senate Avenue, Indianapolis, IN 46204.

Signature

Printed Name



TODD ROKITA SECRETARY OF STATE
CORPORATIONS DIVISION
302 W. Washington St., Rm. E018
Indian apolis, IN 46204 Telephone: (317) 232-6576

Indiana Code 23-1-49-1 *et seq* . 23-1-49-3

Filing Fee: \$90.00

NOTES:

- 1. An Original Certificate of Existence duly authenticated by the proper authority from corporation's domicilary state within the last sixty (60) days must be submitted with this application.
- 2. A Registered Agent with an Indiana street address (not a PO BOX) must be listed in ARTICLE III.

INSTRUCTIONS:

- Use 8 1/2" x 11" white paper for attachments.
- Present original and one copy to address in the upper right corner of this form.
 Please TYPE or PRINT.
- Please visit our office on the web at www.sos.in.gov.

	APPLICATION FOR	CERTIF	ICATE OF AUTHORITY		
	7.1.1.2.07.11.01.1.01.1	OF			
	A FODE	1011 005	DOD ATION		
			RPORATION THE STATE OF INDIANA		
	TO TRANSAST BOOK	11200 111	THE GIALE OF INDIANA		
The undersigned officer of the above corp	oration which was form	med as:			
☐ A general busi	iness corporation		A professional corporation		
	•				
desiring to effectuate the admittance of th	e Corporation to trans	act busin	ess in the State of Indiana, certifies the fo	llowing facts:	
	ART	ICLE I: N	lame		
Name of Corporation (Must be identical to name shown in A	rticles of Incorporation ar	nd A me ndn	nents thereto)		
	4 D.T.O.L.E. II. 4				
Address of the principal office of corporation (Number and si	ARTICLE II: A		or Corporation		
Addition of the principal office of corporation (Names, and st	root, ony, diato and 211 of	<i>5</i> 4 <i>0</i>)			
AR	TICLE III: Registere	d Office a	and Registered Agent		
Name of the Registered Agent of the corporation (cannot be	the corporation itself)				
In the second days of the second offers of a second of the			22242		710 1-
Indiana address of the registered office of corporation (Numb	per and street, city; P.O. E	sox not ac	cepte a))	INDIANA	ZIP code
ARTICLE I	V: Date and State of I	ncorpora	ation and Duration of Existence		
Date of incorporation in domicilary state:			corporation		
Expected period of duration listed in the Articles of Incorpora	tion (perpetual, term of ye	ears or date	e certain e.g. December 31, 2050)		
	ARTICLE V	Corpor	ato Officero		
The names and business addresses of the officers of		. Corpora	ate Officers		
Name	Title		Address (Number, street, ci	ty, state and 2	ZIP code)
			`	•	,
1	I				

ARTICLE VI: Board of Directors					
The names and business addresses of the Board of Directors of the Corporation are as follows:					
Name	Address (Number, street, city, state and ZIP code)				
In witness whereof, the undersigned being the_		of said Corporation executes this of said Corporation executes this			
Application For Certificate Of Authority, and	verifies subject	to penalties of perjury, that the facts contained herein are true this			
day of	, 20 _	·			
Signature		Printed name			

STATE OF THE STATE

INDIANA BUSINESS ENTITY REPORT

State Form 48725 (R / 8-00) Approved by State Board of Accounts, 1998 Prescribed by Sue Anne Gilroy, Secretary of State

INSTRUCTIONS:

- 1. Complete sections A-H. (Section H is located on the back of the form.)
- 2. Make check payable to the Indiana Secretary of State.
- 3. Mail form and check to P.O. Box 7097, Indianapolis, IN 46207

PRESORTED FIRST CLASS MAIL U.S. POSTAGE PAID INDIANAPOLIS, IN PERMIT NO. 2682

A. All entity types must complete this section.	
Current entity name and principal office address	Please make any changes to address here
B. All entity types must complete this section.	
Current filing year:	Past filing years reported on this form:
C. All entity types must complete this section.	
Date of Incorporation / Qualification / Formation	Domicile State
D. All entity types must complete this section. Please check the appropriate the property of t	priate type for your corporate entity.
Business Corporation Professional Corporation Non E. All entity types must complete this section. A P.O. box is not an accomplete this section.	n profit Corporation Ag Coop Limited Liability Company septable address unless accompanied by a rural route number.
Current registered agent and registered address	Please make changes to agent and address here.
F. All entity types except LLCs complete this section.	
Current President or highest officer and address	Please make changes to officer and address here.
Current Secretary or other officer and address	Please make changes to officer and address here.
G. Must be signed by a corporate officer, chairman of the board or by a member or manager of an LLC.	
SIGN HERE	
This document is signed under the penalties of perjury. (If fee is blank, check the fee schedule on back.) TOTAL FEES DUE:	

Please make check payable to Indiana Secretary of State.

DO NOT DETACH THIS RETURN

H. All entity types except LLCs complete this section.

Directors: Please list the name and address of current director(s). (Attach additional sheets if necessary)

Name of Director	Street Address	City	State	ZIP Code

Fee Schedule:

Domestic Corporations

All Indiana / domestic corporations must file a biennial report with the Secretary of State. The fee is \$30.00 for a two-year registration. The report is due in the anniversary month of incorporation. Corporations incorporated in an even year will need to file every even year beginning in 1996. Corporations incorporated in an odd year will need to file every odd year beginning in 1997. For all domestic corporations any reports due prior to 1996 were filed on an annual basis with a fee of \$15.00 per year.

Foreign Corporations

All foreign / non-Indiana corporations must file a biennial report with the Secretary of State. The fee is \$30.00 for a two-year registration. The report is due in the anniversary month of qualification in Indiana. Corporations qualified in an odd year will need to file every odd year beginning in 1997. Corporations qualified in an even year will need to file every even year beginning in 1998. For all foreign corporations any reports due prior to 1997 were filed on an annual basis with a fee of \$15.00.

Limited Liability Companies (domestic and foreign)

All limited liability companies (LLC) must file a biennial report with the Secretary of State. The fee is \$30.00 for a two-year registration. The report is due in the anniversary month of organization or qualification in Indiana. LLCs organized in an odd year will need to file every odd year beginning in 1997. LLCs qualified in an even year will need to file every even year beginning in 1998. For all LLCs any reports due prior to 1997 were filed on an annual basis with a fee of \$15.00.

Non-profit Corporations

All non-profit corporations (domestic and foreign) must file annual reports in the anniversary month of incorporation. The filing fee is \$10.00 per year.

Limited Liability Partnerships and Limited Partnerships

Do not file corporate reports.

INSTRUCTIONS

- 1. Please **TYPE** or **PRINT**.
- 2. Please complete **ALL** sections (A-H).
- 3. This document must contain an original signature.
- 4. Include check or money order for filing fee payable to "Indiana Secretary of State".
- 5. Make a photocopy of the completed form for your records.
- 6. Mail this form to: Indiana Secretary of State

P.O. Box 7097 Indianapolis, IN 46207